



# **Responding to the Opioid Overdose Epidemic**

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## **Maryland's Approach to Expanding Access to Naloxone**

August 2014

**Maryland State Police  
Maryland Institute for Emergency Medical Services Systems  
Department of Health and Mental Hygiene**

## BACKGROUND

On June 27, 2014, Governor O'Malley issued Executive Order 01.01.2014.11 creating the Overdose Prevention Council. The Executive Order specifically requires the Maryland State Police (MSP), the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the Department of Health and Mental Hygiene (DHMH) to “work together to train and equip first responders, including law enforcement officers, to administer naloxone to individuals who have experienced a drug overdose.” Each agency is charged with submitting a formal plan to the Office of the Governor and the Council by the end of August regarding that agency’s plan for expanding training for naloxone distribution.

Highlights from each plan include:

- Training and equipping all MSP road patrol troopers with naloxone by October 1, 2014.
- Requiring every Emergency Medical Technician (EMT) across the state to be trained in the administration of intranasal naloxone and every Public Safety transport unit to carry naloxone.
- Expanding outreach, education, and training opportunities for local law enforcement officers through DHMH programs.
- Considering pursuing legislation to expand access to naloxone through the Overdose Response Program.

The remainder of the plan will include the specific details as to how each agency plans to expand access to naloxone throughout the State.

## MARYLAND STATE POLICE

In April 2014, MSP met with DHMH to discuss how MSP should approach equipping troopers with naloxone. There is great interest and forward movement by local agencies in some counties to equip county and municipal officers with naloxone. Based on this fact, one option for MSP was to collaborate with local agencies to secure training and equipment needed to administer naloxone. The second alternative to consider involved DHMH identifying Dr. Donald Alves, MSP Medical Director, as a “training entity” and developing a standalone MSP-specific protocol. MSP chose to move forward on both tracks to move the agency towards equipping road patrol troopers with naloxone.

As of July 1, 2014, MSP has collaborated with local health officers in Cecil County, Allegany County, and Somerset County to participate in a pilot program where troopers, along with county and municipal police officers, will be trained and equipped with naloxone. As of August 1, 2014, troopers assigned to barracks in those counties are patrolling with naloxone. This opportunity comes at no cost to MSP. This pilot program has affected approximately 140 road patrol troopers assigned to the aforementioned counties who are trained and equipped to administer naloxone on the scene of an overdose.

To further MSP's intent to develop and administer a naloxone policy statewide, Dr. Alves submitted a request to DHMH to become an approved "training entity" to provide training as part of the Overdose Response Program. On June 23, 2014, MSP received notification that its request had been approved with an effective date of July 2, 2014.

The estimated cost to equip those troopers not assigned in pilot counties is \$50 per trooper with an estimated total cost of approximately \$40,000. MSP has secured the support of the Governor's Office of Crime Control and Prevention (GOCCP) in funding program. The MSP is committed to a start date of October 1, 2014 to have all road patrol troopers trained and equipped with naloxone.

Using a \$40,000 grant from GOCCP, MSP has ordered the appropriate equipment and naloxone dosages to outfit the remaining road patrol troopers. A cross bureau training team has been identified, an approved training curriculum established, and a proposed schedule has been distributed to all barrack commanders statewide. Commanders are in the process of populating the training schedule. The commencement of training should occur by September 1, 2014. However, training cannot begin until the equipment and naloxone is delivered (due to the overwhelming demand for naloxone throughout the country, supplies are limited and may result in a delay in program implementation in non-pilot counties). Providing that the medication and equipment is received by September 1, 2014, the MSP should meet the anticipated implementation date of October 1, 2014.

Internal directives have been issued to track any uses of naloxone during a response to a heroin overdose. An incident report will be generated to capture necessary information used by stakeholders to address trends in heroin overdoses throughout Maryland. The incident report generated will capture a range of information that will be reported to DHMH and the Maryland Poison Center. The information collected will include: the victim's name; the Trooper's name who administered the naloxone; the symptoms that were observed before administration of naloxone; the zip code where the naloxone was administered; the county where the naloxone was administered; the dosage of naloxone used; the method of administration; where the Trooper was trained; what happened to the patient after the naloxone was administered (ER, refused further

treatment, etc.); the expiration date of the naloxone used; and the expiration date of the newly issued naloxone.

MSP is sensitive to any privacy concerns that may arise from the creation of the incident reports described above and will comply with confidentiality provisions under State and federal law.

## MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

MIEMSS is an independent State agency that is responsible for the coordination of Maryland's emergency medical services (EMS) system. Among its statewide responsibilities, MIEMSS licenses/certifies EMS providers in Maryland and develops statewide treatment protocols that standardize the emergency patient care that EMS providers, through medical consultation, deliver at the scene of illness / injury and while transporting the patient to the closest appropriate hospital. Treatment protocols are updated annually, and EMS providers must complete required educational updates to ensure that they are able to comply with changes in treatment protocols.

Every county now has advanced level providers (Paramedics, Cardiac Rescue Technicians) and basic level providers (EMTs) authorized and trained to use naloxone. EMS administration of naloxone has already been in use for many years by Maryland's nearly 4,000 Advanced Life Support providers – Paramedics and Cardiac Rescue Technicians. In order to increase the availability of naloxone, on July 1, 2014, MIEMSS implemented a statewide protocol change requiring every Emergency Medical Technician (EMT) across the state to be trained in the administration of intranasal naloxone and every Public Safety transport unit to carry naloxone. Prior to implementing this change, MIEMSS incorporated naloxone training requirements into its training provided through the MIEMSS On-line Learning Management System. Through this effort, Maryland's 18,651 EMTs will be trained in administration of naloxone; current training records indicate, to date, 10,677 (57% of all EMTs) have completed the training. MIEMSS has notified the EMS Operational Programs of which providers have not yet completed the training. During the remainder of FY15, MIEMSS will continue to monitor the completion rate of this required training.

Further, MIEMSS previously implemented an optional supplemental protocol for the Emergency Medical Responder-level (EMR) provider in October 2013. An Emergency Medical Responder is a basic-level provider who is trained to provide first aid and basic life support. To date, three EMS jurisdictional programs (Allegany and Queen Anne's counties and one commercial ambulance program) have implemented the protocol for the EMR-level provider. MIEMSS will continue to offer the optional supplemental protocol and work with interested jurisdictions to implement the EMR-level protocol.

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

In January 2013, DHMH released the Maryland Opioid Overdose Prevention Plan which included expansion of access to naloxone as one component of a broader strategy to reduce opioid overdose deaths statewide. Also, Chapter 299 of 2013 created the Overdose Response Program to provide a legal avenue for third parties – individuals who are not themselves drug users at risk for opioid overdose – to be trained in overdose recognition and response and certified to receive prescriptions for, possess and administer naloxone to a person experiencing opioid overdose.

Concurrent with the promulgation of the Overdose Response Program’s regulations in March 2014, DHMH made funding available to local health departments to implement training initiatives under the Program.<sup>1</sup> Every jurisdiction’s local health department and six other organizations<sup>2</sup> have been authorized to provide naloxone trainings. As of August 2014, nearly 2,200 individuals have been trained including 878 law enforcement officers, and 14 naloxone administrations by Overdose Response Program certificate holders have been reported to the Maryland Poison Center.<sup>3</sup> As expanding access to naloxone continues to be a key component of State and local overdose prevention strategies, DHMH is pursuing the approaches outlined below to build collaborations with other State and federal partners to coordinate resources and expand training, education, and outreach programs.

### *Improving Access through the Overdose Response Program*

The Overdose Response Program requires DHMH to implement, and authorized entities to comply with, numerous administrative and programmatic requirements. This highly structured approach has helped standardize overdose response training programs, and the approach has been successful in training thousands of Marylanders in 2014. However, DHMH has received information from other states and feedback from stakeholders on how it can improve the program and further expand access to naloxone. DHMH will consider proposing legislation in 2015:

- Naloxone should be made available through a standing order to everyone who has received training through the Overdose Response Program. This would be in place of

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<sup>1</sup> In fiscal year 2014, \$200,000 was expended under the program and an additional \$500,000 has been made available in fiscal year 2015.

<sup>2</sup> The six organizations are: Annapolis City Fire Department, Anne Arundel County Fire Department, Baltimore Student Harm Reduction Coalition, Behavioral Health System Baltimore, Daniel Carl Torsch Foundation, Inc., and Maryland State Police, Medical Services Unit.

<sup>3</sup> The 14 reported naloxone administrations likely underrepresent the number of administrations statewide because reporting is voluntary. The Overdose Response Program encourages all individuals to call the Maryland Poison Center one to two hours after administration.

requiring providers to write a prescription to every individual trained, which is a resource intensive process.

- Practitioners with prescriptive authority may prescribe naloxone to any person they believe may be in a position to reverse an opioid overdose, not only those individuals trained through the Overdose Response Program.

### *Law Enforcement Training*

As first responders, law enforcement officers are often best positioned to respond to an opioid overdose by administering naloxone, especially in rural communities. Many Maryland law enforcement agencies have begun training and equipping officers with naloxone in coordination with local health departments and local EMS providers. DHMH will work with federal, state, and local partners to support law enforcement training in a number of ways, including:

- **Washington/Baltimore High Intensity Drug Trafficking Area 2014 Discretionary Grant Funding:** DHMH worked with GOCCP to develop a grant proposal that was submitted to the Office of National Drug Control Policy. The Washington/Baltimore High Intensity Drug Trafficking Area received notice of the award in mid-August. The grant provides discretionary funding to train and equip at least 1,500 local law enforcement officers in Maryland jurisdictions that are included in the Washington/Baltimore High Intensity Drug Trafficking Area.<sup>4</sup> DHMH will continue to work with GOCCP and the Washington/Baltimore High Intensity Drug Trafficking Area to coordinate trainings for the large police departments in the applicable counties. Additional information on the timeline for trainings will be available from the Washington/Baltimore High Intensity Drug Trafficking Area.
- **Additional Funding:** In fiscal year 2015, DHMH's Behavioral Health Administration (BHA) will make startup funding available through supplemental grants to local health departments that wish to train law enforcement officers under the Overdose Response Program. BHA will prioritize funding for jurisdictions that are ineligible to receive training resources under the Washington/Baltimore High Intensity Drug Trafficking Area initiative. Where additional funding is needed, BHA will work with GOCCP to identify law enforcement-specific funding sources, including U.S. Department of Justice grant funding, asset seizure/forfeiture funds and others as available.

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<sup>4</sup> Maryland jurisdictions in the Washington/Baltimore High Intensity Drug Trafficking Area include: Harford, Cecil, Baltimore, Howard, Frederick, Anne Arundel, Montgomery, Prince George's, Charles and Wicomico Counties and the City of Baltimore.

- **Outreach & Education:** BHA is expanding outreach and education to local law enforcement. DHMH is working with GOCCP to: (1) survey local law enforcement agencies on current plans for naloxone adoption; and (2) develop and implement regional training conferences in 2014/2015 for law enforcement officers that address addiction, overdose prevalence and prevention, naloxone and its use by officers, investigative use of data from the Prescription Drug Monitoring Program (PDMP) and other relevant topics. These trainings will focus on addressing barriers to agency adoption of naloxone and – if possible – include distribution of the Department of Justice Bureau of Justice Assistance naloxone implementation toolkit for law enforcement agencies which is currently under development. In order to supplement this resource, Maryland-specific information on legal authorities, funding, and other issues would also be provided.

### *Incorporating Naloxone into Addictions Treatment*

Currently, it is appropriate to prescribe naloxone to patients being treated for an opioid use disorder by opioid treatment programs. However this practice is underutilized. BHA will work to make co-prescribing of naloxone with medication-assisted treatment for opioid addiction more accessible in opioid treatment programs.

### *Outreach and Education*

Educating healthcare providers, drug users and their families, and the general public is critical to improving access to and effective use of naloxone. DHMH will conduct outreach and education campaigns including:

- **Public Education Campaign:** Continue implementing the “Be a Hero, Save a Life” education campaign through distribution of brochures, posters, emergency response cards and other materials with information about naloxone, overdose recognition and response, accessing substance use disorder treatment services through 211 and other relevant information. DHMH is working with other state and local agencies to make educational materials available in facilities throughout the state.